

Radiation Users Approval

Print or type all required information below

Name:	Work Phone:
Employer/Supervisor:	Mail Code:

Work Involves: Radioactive Material ☐ X-Rays/Accelerator ☐ Neutrons ☐

Briefly Describe Work Involving Radiation:

Have You Previously Worked With Radiation? Yes ☐ No ☐

If "Yes" Give a Brief Description. Include Any Training You Might Have Had:

MSFC Radiation Training Complete: Yes ☐ No ☐

NRC Form 4 Complete: Yes ☐ No ☐

Requester's Signature:	Date:
RSO's Approval:	Date:

Special Conditions: